



Confined Space Entry Permit

Name of Site:			
Address of Site:			
Description of Work:			
Authorized By (AES Print)		Signature	
Date Opened		Time Opened	
Authorized Attendant(s) <i>Attendant cannot be Entrant</i>			
Print Name		Signature	
Authorized Entrants(s)			
Print Name		Signature	
Potential Space Hazards (Check All That Apply)			
<input type="checkbox"/>	Oxygen Deficiency <19.5%	<input type="checkbox"/>	Flammable gases/vapors >10% LEL
<input type="checkbox"/>	Oxygen Enriched >23.5%	<input type="checkbox"/>	Toxic gases/vapors greater than PEL
<input type="checkbox"/>	Mechanical/Pneumatic/Hydraulic (Circle Hazard)	<input type="checkbox"/>	Electrical Hazards
<input type="checkbox"/>	Corrosive	<input type="checkbox"/>	Engulfment
<input type="checkbox"/>	Fall Hazard	<input type="checkbox"/>	Heat/Cold/Humidity (Circle Hazard)
<input type="checkbox"/>	Traffic	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	
<input type="checkbox"/>	Other (Describe)		
<input type="checkbox"/>			
Equipment Required For Entry Work (Check All That Apply)			
<input type="checkbox"/>	SCBA or Air Line(List Contaminants)		
<input type="checkbox"/>	Tripod – Lifeline	<input type="checkbox"/>	Harness
<input type="checkbox"/>	Eye Protection	<input type="checkbox"/>	Hand
<input type="checkbox"/>	Foot	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Garment (Type)	<input type="checkbox"/>	Mechanical or Natural Ventilation
<input type="checkbox"/>	Communications (Type)	<input type="checkbox"/>	Gas Detector
<input type="checkbox"/>	Escape Bottle	<input type="checkbox"/>	
<input type="checkbox"/>	Non-Entry Rescue Equipment (Type)		
<input type="checkbox"/>	Other (Describe)		
<input type="checkbox"/>			
Pre-Entry Procedures (Check All That Apply)			
<input type="checkbox"/>	Entry Point Into Space Barricaded	<input type="checkbox"/>	Ventilation (Mechanical – Natural)
<input type="checkbox"/>	Lockout/Tagout – De-Energized Equip.	<input type="checkbox"/>	Length of Ventilation:
<input type="checkbox"/>	Hot Work Permit (Attach to CSP)	<input type="checkbox"/>	Mechanical/Pneumatic/Hydraulic Isolation
<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>	Lighting (Intrinsically Safe)
<input type="checkbox"/>	Other (Describe)		

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[illegible]